

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting

Wednesday, January 31, 2007

Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

item 59

Registrant information:

Please PRINT clearly

NAME: Kelly Chou		
ADDRESS: 2121 Rodeo Drive		
CITY: Austin	STATE: TX	ZIP: 78727
PHONE NUMBER: (512) 238-0867 REPRESENTING: MTS Advocates		

Signature: Kelly Chou

Date: 1-31-2007

To Comment:

1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chairman to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



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Summary of Comments:

5a

Registrant information:

Please PRINT clearly

NAME: Robin Peyson		
ADDRESS: NAMI-TEXAS		
CITY:	STATE:	ZIP:
PHONE NUMBER: () 512 693 2000 REPRESENTING: NAMI TEXAS		

Signature: Robin Peyson Date: 1/31/07

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Summary of Comments:

PROVIDER of LAST RESORT RULE

Registrant information:

Please PRINT clearly

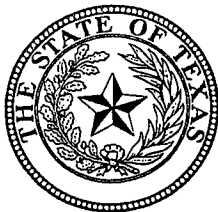
NAME: <i>SANDY SKELTON</i>		
ADDRESS: <i>PO Box 28601</i>		
CITY: <i>AUSTIN</i>	STATE: <i>TX</i>	ZIP: <i>78755</i>
PHONE NUMBER: ()		REPRESENTING:

Signature: _____

Date: _____

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Summary of Comments:

POLR & PRES Comm

Registrant information:

Please PRINT clearly

NAME: Mike Halligan		
ADDRESS: 105 E. JAWLS DRIVE		
CITY: GERGETOWN STATE: TX ZIP: 78752		
PHONE NUMBER: 80457-3191 REPRESENTING: Consumer		

Signature:

Mike Halligan

Date:

01/31/07

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Please Print Aaryce Hayes

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Summary of Comments:

POLR - A

Registrant information:

Please PRINT clearly

NAME: <u>Aaryce (Air-Reese) Hayes</u>		
ADDRESS: <u>7800 Shoal Creek #1718</u>		
CITY: <u>Austin</u>	STATE: <u>TX</u>	ZIP: <u>78757</u>
PHONE NUMBER: (512) <u>454-4866</u> REPRESENTING: <u>Richard Hansen</u>		

Signature: _____

Aaryce Hayes

Date: _____

1/31/07

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Summary of Comments:

5a

Registrant information:

Please PRINT clearly

NAME: Beth Epps		
ADDRESS: 3240 Rustic Woods		
CITY: Bedford	STATE: TX	ZIP: 76021
PHONE NUMBER: (817) 267 8675 REPRESENTING: Adapt		

Signature: Beth Epps

Date: 1/31/07

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Summary of Comments: 5a

Registrant information:

Please PRINT clearly

NAME: Donald Lee		
ADDRESS: 500 W. 13th St.		
CITY: Austin	STATE: TX	ZIP: 78701
PHONE NUMBER: (512) 476-6174 REPRESENTING: Tx. Conference of Urban Counties		

Signature: _____

Date: _____

1/31/07

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Summary of Comments:

In favor of S.C. I am the current chairman of the TC BAP who administers the exams in Texas. I am also in favor of 450.125 rule change to allow those who have passed both parts of the exam to be supervised as level III interns.

Registrant information:

Please PRINT clearly

NAME: Frank Davis		
ADDRESS: 2704 Cambridge Circle		
CITY: Rosenberg STATE: TX ZIP: 77471		
PHONE NUMBER: (832) 545-9193 REPRESENTING: TC BAP		

Signature: Frank Davis

Date: 1-31-07

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